168002

MUNICIPAL FORM No. 102—(Revised Dec. 1, 1958) (TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: _____

City or Municipality: Caloocan City

Register Number:

(a) Civil Registrar-General No. _____

(b) Local Civil Registrar No. 2331

1. PLACE OF BIRTH

a. PROVINCE

b. CITY OR MUNICIPALITY: Caloocan City

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 469 M. Hizon

d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES ☑ NO ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE

b. CITY OR MUNICIPALITY: Caloocan City

c. NUMBER AND STREET: 469 M. Hizon

d. IS RESIDENCE INSIDE CITY LIMITS? YES ☑ NO ☐

e. IS RESIDENCE ON A FARM? YES ☐ NO ☑

CHILD

3. NAME (Type or print): First FLORA TARCILA Middle PABLO Last EVASCO

4. SEX: Female

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET, WAS CHILD: 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF BIRTH: Month April Day 6, Year 1964

FATHER

7. NAME: First Santiago Middle Cruz Last Evasco Jr.

RELIGION: Cath.

8. NATIONALITY: Fil.

8a. RACE: Brown

9. AGE (At time of this birth) Years: 26

10. BIRTHPLACE: Barcelona, Sorsogon

11a. USUAL OCCUPATION: Labor Leader

11b. KIND OF BUSINESS OR INDUSTRY

MOTHER

12. MAIDEN NAME: First Zenaida Middle Juan Last Pablo

RELIGION: Cath.

13. NATIONALITY: Fil.

13a. RACE: Brown

14. AGE (At time of this birth) Years: 26

15. BIRTHPLACE: Camiling, Tarlac

16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth): 2

a. How many children are now living?	b. How many other children were born alive but are now dead?	c. How many fetal deaths (fetuses born dead any time after conception)?
2	0	0

17a. INFORMANT'S SIGNATURE: [signature]

b. NAME IN PRINT: SANTIAGO EVASCO JR.

c. ADDRESS: 469 M. Hizon, Caloocan City

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)
469 M. Hizon, Caloocan City

19. ATTENDANT AT BIRTH

I HEREBY CERTIFY that I attended the birth of this child who was born alive at 10:00 o'clock P. M. on the date above indicated.

a. SIGNATURE: [signature]

b. NAME IN PRINT: JUAN T. GUTIERREZ

c. ADDRESS: 487 M. Hizon, Caloocan City

d. DATE SIGNED BY ATTENDANT AT BIRTH: 4-7-64

e. TITLE OF ATTENDANT AT BIRTH:
☐ M. D. ☐ MIDWIFE
☐ NURSE ☐ OTHERS (Specify)

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE: I.T. VELASQUEZ, M.D. M.P.H.

b. NAME IN PRINT: _____

c. TITLE OR POSITION: City Health Officer

d. DATE: MAY 4 1964

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:

b. DATE WHEN GIVEN NAME WAS SUPPLIED:

22a. LENGTH OF PREGNANCY: 40 COMPLETED WEEKS.

22b. WEIGHT AT BIRTH: 7 LBS. _____ OZ.

23. LEGITIMATE: ☒ YES ☐ NO 10:30

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
September (Month) 24, (Date) 1956 (Year)
City or Municipality Camiling, Province Tarlac

25. THIS CERTIFICATE IS PREPARED BY:
SIGNATURE: [signature]
NAME IN PRINT: SANTIAGO EVASCO JR.
TITLE OR POSITION: Father
DATE: April 7, 1964

18—239 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

RESERVE FOR BINDING

IMPORTANT: DO NOT DETACH, LOCAL CIVIL REGISTRAR MUST ACCOMPLISH THIS PORTION

1(a). 1(b). 1(c). 2. 2(e). 4. 5(a). 5(b). 6. 8. 9. 11(a). 11(b). 18. 14. 16(a). 16(b). 16(c). 19(e). 22(a). 22(b). 23.